

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3	/		/		/	
4	/		/		/	
5		/		/		/
6		/		/		/
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49		/		/		/
50		/		/		/
TOTAL IND.	4		4			
TOTAL DEP.	12		1			
TOTAL CLAIMS	16		5			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						/
52						/
53						/
54						/
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98						
99						
100						
TOTAL IND.					6	
TOTAL DEP.					38	
TOTAL CLAIMS					44	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS